



RECEIVED
APR 08 2002
TECH CENTER 1600/2900

RECEIVED
MAR 13 2002
TECH CENTER 1600/2900
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Ajay Bhatia and Peter Probst
Application No. : 10/007,693
Filed : December 5, 2001
For : COMPOUNDS AND METHODS FOR TREATMENT AND
DIAGNOSIS OF CHLAMYDIAL INFECTION

Art Unit : 1645
Docket No. : 210121.515C2

Commissioner for Patents
Washington, DC 20231

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents:

In accordance with 37 C.F.R. §§ 1.56 and 1.97 through 1.98, applicants wish to make known to the Patent and Trademark Office the references set forth on the attached form PTO-1449 (copies of the cited references are enclosed). As to any reference supplied, applicants do not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserve the right to traverse or antedate any such reference, as by a showing under 37 C.F.R. § 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicants' duty to disclose all information they are aware of which is believed relevant to the examination of the above-identified application, applicants believe that their invention is patentable.

Please acknowledge receipt of this Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

Respectfully submitted,

Seed Intellectual Property Law Group PLLC



Jeffrey Hundley, Ph.D.
Registration No. 42,676

JEH:mls

Enclosures:

Postcard
Form PTO-1449
Cited References (6)

701 Fifth Avenue, Suite 6300
Seattle, Washington 98104-7092
Phone: (206) 622-4900
Fax: (206) 682-6031



Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)


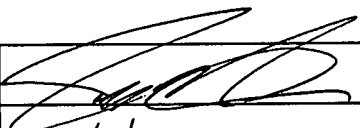
Application Number	10/007,693
Filing Date	December 5, 2001
First Named Inventor	Ajay Bhatia
Group Art Unit	1645
Examiner Name	
Attorney Docket No.	210121.515C2

ENCLOSURES (check all that apply)


<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input checked="" type="checkbox"/> Cited References (6) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Jeffrey Hundley, Ph.D. 42,676	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	2/26/02	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.		
Typed or printed name	Monica Steinborn	
Signature		Date: 2/27/02

1645
RECEIVED
MAR 13 2002
RECEIVED
APR 08 2002
TECH CENTER 1600/2900